APPROVAL OF PROFESSIONAL DEVELOPMENT ACTIVITIES FOR OCCUPATIONAL SPECIALIST CERTIFICATION

Name:		D	Date:			
Address:		S	Social Security #:			
College/School:						
List only one activity per form			Check One	Hrs or Cr	redits Requested	
College Credit (attach grade report or transcript)						
Paid Work or Clinical Experience						
Workshop, Seminar						
Conference						
Independent Research/Activities Related to Teaching						
Description of Activity: (attach appropriate information/documentation)						
			Completion Date:			
Participant's Signature	Date	Local .	Local Administrator's Signature Date			
State Professional - Technical Certification	Will apply Will <u>not</u> apply					
Reason declined:						

Forward all copies to: Coordinator, Professional-Technical Teacher Certification

Division of Professional-Technical Education

P.O. Box 83720 Boise, ID 83720-0095

After processing, one copy **shall** be retained in the Applicant's file in the State Office. The other two copies **shall** be returned, one for the Local Administrator and the other for the participant.